

**STATE OF MAINE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Alternate Service of Notice of Termination – PROOF OF SERVICE**

<b>PARTNER</b>			
<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>ID (Sr., Jr., etc.)</i>

<b>PARTNER</b>			
<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>ID (Sr., Jr., etc.)</i>

In the event service of notice of termination in hand is not feasible, I state under oath I accomplished substitute service of the notice upon my registered domestic partner, \_\_\_\_\_

By either of the following methods in accordance with Rule 4(d), (e) or (f) of the *Maine Rules of Civil Procedure*:

**Personal Service.** I delivered a copy of the Notice of Termination to my registered domestic partner.

**Substitute Service In State.** I delivered a copy of the notice by leaving a copy of the notice at the dwelling house or usual place of abode of my registered domestic partner, with a person of suitable age and discretion residing therein: (please describe when the notice was served, the name of the individual provided a copy of the notice, and time and place the notice was served):

\_\_\_\_\_

\_\_\_\_\_

**Substitute Service Outside State.** I delivered a copy of the notice either in hand upon my registered domestic partner out of state or by delivering a copy of the notice at the dwelling house or usual place of abode of my registered domestic partner out of state, with a person of suitable age and discretion residing therein (please describe the time, manner and place of service):

\_\_\_\_\_

\_\_\_\_\_

**Service by Mail.** Notwithstanding my diligent efforts, I could not serve my registered domestic partner in hand within the State of Maine with the notice of termination of partnership for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

I certify under oath that I served notice upon my registered domestic partner by delivery to my partner out of state by registered or certified mail, with restricted delivery, and provide herewith proof of such service by registered mail.

*Signature and Date below for Office of Vital Records Use Only*

\_\_\_\_\_  
 REGISTRAR'S SIGNATURE

\_\_\_\_\_  
 DATE FILED

**Service by Publication.** In accordance with the provisions of Rule 4(g) of the *Maine Rules of Civil Procedure*, I have secured from a District Court or Superior Court in the State of Maine an order for service by publication of the notice of termination of registered domestic partnership; and have published the order once a week for three successive weeks in a designated newspaper of general circulation in the county wherein my partner and I were domiciled, and, if known, have directed a mailing of the notice to my registered domestic partner's address, along with a copy of the court order for publication. This notice must be accompanied by a copy of the affidavit I filed with the court for publication, the court order for publication and an order from the judge stating that service was made to the court's satisfaction.

**Alternate Method of Service of Notice.** I certify under oath that, in accordance with Rule 4 of the *Maine Rules of Civil Procedure*, I was unable through due diligence to serve in hand in the State of Maine my registered domestic partner with a copy of the termination for the following reasons: \_\_\_\_\_

\_\_\_\_\_

and used the following described method of service of notice upon my registered domestic partner:

\_\_\_\_\_

\_\_\_\_\_

Date of Service: \_\_\_\_\_

**I understand that if notice of termination of partnership was made under this paragraph, the notice of termination will not be effective until 60 days after service is complete and the registered domestic partnership will remain in effect until that date.**

**Completed Original Notice of Termination along with Original Proof of Service must be filed with Office of Vital Records, 244 Water Street, #11 State House Station, Augusta, ME 04333-0011. A \$50.00 filing fee must accompany this termination**

\_\_\_\_\_  
*SIGNATURE OF PARTNER*

\_\_\_\_\_  
*PRINTED NAME OF PARTNER*

\_\_\_\_\_  
*SIGNATURE OF NOTARY PUBLIC*

\_\_\_\_\_  
*PRINTED NAME OF NOTARY PUBLIC*

\_\_\_\_\_  
*COUNTY/STATE*

\_\_\_\_\_  
*DATE COMMISSION EXPIRES*

\_\_\_\_\_  
*DATE SIGNED*